



INDUSTRIAL DISTRIBUTORS OF PIPE, VALVES AND FITTINGS

# Application for Credit

## COMPANY INFORMATION SECTION:

E-MAIL \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

- \_\_\_ CORPORATION - INCORPORATED IN THE STATE OF \_\_\_\_\_
- \_\_\_ PARTNERSHIP
- \_\_\_ PROPRIETORSHIP ( IF CHECKED PLEASE COMPLETE SECTION 2 )

TAX EXEMPT  YES  NO ( IF YES, A RESALE OR EXEMPT CERTIFICATE MUST ACCOMPANY THIS FORM)

## SECTION II ( COMPLETE IF PROPRIETORSHIP )

NAME \_\_\_\_\_ SSN. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## SECTION III BANK REFERENCE

BANK \_\_\_\_\_ ACCOUNT# \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

## SECTION IV TRADE REFERENCES

COMPANY \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

COMPANY \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

COMPANY \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

**If granted credit, I understand and agree that material purchased on open account by my firm will be paid according to the following terms: 1% in 10 days, NET 30 DAYS**

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
NAME (PLEASE PRINT OR TYPE)

\_\_\_\_\_  
DATE

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